

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	med	70803	7/15
O.I.P.E. CLASSIFIER		25	07-17-98
FORMALITY REVIEW	X5	71702	7-22

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here